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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/575,710-Conf. #3257 CEE TO ANISMITTAL April 13, 2006

LEE IKANSIVII I AL					Filling Date /			April 10, 2000		
For FY 2009				First Named Inventor		entor J	Janne VÄÄNÄNEN			
				Examiner Name			F. Faroul			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			2416			
TOTAL AMOUNT OF PAYMENT (\$) 940.00				Attorney Docket No. 0365-06			365-0674PL	IS1		
METHOD OF PAYMEN	T (check all t	hat apply)								
Check Credit C	Card N	Ioney Order	No	ne 🔲	Other (	please identify	):		•	
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
<u>                                   </u>				hereby a						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION	7 0110 1.10 8	1.17							<del></del>	
1. BASIC FILING, SEARCH	I, AND EXAM	INATION FE	ES						·· <del>.</del>	
		FILING FEES		SEARCH FEES		EXAMINATION FEES		3		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Fee		Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	27	0	220	110			
Design	220	110	100	5	0	140	70			
Plant	220	110	330	16		170	85			
Reissue	330	165	540	27		650	325			
Provisional	220	110	0		0	0	0	-		
2. EXCESS CLAIM FEES								Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (includ	ing Reissues	1						52	26	
Each independent claim ov	- /							220	110	
Multiple dependent claims								390	195	
Total Claims Fee (\$)			F	ee Paid (\$) <u>M</u>		<u>M</u> u	Multiple Dependent Claims			
4 - 20 or HP x =						Fee	<u>(\$)</u>	Fee Paid (	<u>\$)</u>	
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims Extra Claims Fee (\$)			F	Fee Paid (\$)						
3 or HP = HP = highest number of indepen	dent claims paid	for, if greater than	n 3.							
3. APPLICATION SIZE FEI	•	. •								
If the specification and dr	awings excee									
listings under 37 CFR sheets or fraction there	. ,,,				`	or small en	tity) for each	additional 5	50	
	xtra Sheets		` '		• •	tion thereof	Fee (\$)	Fee	Paid (\$)	
		/50 =						=		
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)  Other (a.g., late filing surphyres), 1251 Extension for response within first month 130.00										
Other (e.g., late filing surcharge): 1251 Extension for response within first month 1801 Request for continued examination (RCE) (see 37								810.00		
SUBMITTED BY	Лол								<u>-</u>	
Signature	n (hl	#47.30	5	Registration (Attorney/Age		29,680	Telephone	(703) 20	5-8000	
Name (Print/Type) Michael F							Date :	Septembe	r 28, 2009	